

State of California
Department of Health Services

June 24, 2002

CHDP Program Letter No.: 02-06

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN'S MEDICAL
SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: INVOICES FOR THE HEALTH CARE PROGRAM FOR CHILDREN IN
FOSTER CARE

The purpose of this CHDP Program Letter is to remind local programs, participating in the Health Care Program for Children in Foster Care (HCPFC), to submit completed quarterly invoices for the HCPFC within 60 days after the end of each quarter. The CMS Plan and Fiscal Guidelines, Section 8, page 236, Item IX provides instruction on quarterly administrative expenditure invoices.

For this current fiscal year all first, second, and third quarter invoices for the HCPFC are due at this time. The fourth quarter invoice is due by October 31, 2002.

ADDRESS FOR HCPFC QUARTERLY INVOICES:

Children's Medical Services Branch
Administration Unit
1515 K Street, Suite 400
P.O. Box 942732
Sacramento, CA 94234-7320
ATTENTION: Fiscal Unit

If you have any questions or need additional information, please contact your Regional Office Administrative Consultant. Thank you in advance for your cooperation.

Sincerely,



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch



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714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320

(916) 327-1400

Internet Address: www.dhs.ca.gov